

significantly differ in plasma bilirubin concentrations. In patients with schizophrenia, uric acid concentrations positively correlated with bilirubin levels (Spearman  $\rho=0.205$ ,  $p=0.012$ ), while no correlation between these two antioxidants was found in bipolar patients.

**Conclusions:** Our findings suggest that acutely admitted patients with schizophrenia have lower plasma uric acid levels, but do not differ in bilirubin levels compared to bipolar patients.

## P0190

Use of functional rating scales in clinical practice

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The Personal and Social Performance scale (PSP) is used to measure functioning. It is a 100-item scale subdivided into ten intervals and covers four domains: social activities (eg work and study), interpersonal relationships, self-care and behavioural problems. Minimal training is required to use the PSP and operational rating criteria for the domains are well defined. The PSP is reported to be relatively simple and quick to conduct and has been shown to have good validity and inter-rater reliability<sup>1</sup>. Possible limitations of the PSP include that it does not assess suicide risk and is still relatively new although experience with it is growing.

The aim of this study is to gain experience with the PSP in clinical practice by measuring the effect of risperidone long-acting injection (RLAI) on functioning. Data was also collected on hospitalisation.

Eleven patients with psychosis have been assessed with a mean age of 39.9 years (range 20–62). The average dose of RLAI was 39.8mg and the average duration of treatment was 20.1 months. Seven patients had no reported side-effects on RLAI.

The number of hospital admissions decreased by 50% during treatment with RLAI, and the number of days in hospital decreased by 11.9%. All patients experienced improved levels of functioning as measured by the PSP despite some residual symptoms identified by Mental State Examination (MSE).

The PSP was quick and easy to learn and use in routine clinical practice. Treatment with RLAI was found to have a positive effect on functioning and was generally well tolerated.

## P0191

Comparative efficacy and tolerability of intramuscular/oral ziprasidone versus haloperidol: Clinical findings in Asian and foreign patients with acute schizophrenia

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**Background and Aims:** Second-generation antipsychotics (SGAs) have emerged as front-line treatment for many psychotic conditions due to reduced risk in extrapyramidal side effects (EPS) and related movement disorders. Available randomized, efficacy and tolerability data comparing conventional and SGA agents in Asian patients with acute exacerbation of schizophrenia are, however, limited.

**Methods:** Our objective was to compare IM/oral ziprasidone (N=130) versus haloperidol (N=122) in a 6-week, randomized study of acute schizophrenia, conducted in 6 Asian countries/districts (Hong Kong, Malaysia, Philippines, Singapore, Taiwan, and Thailand). This study replicated an identically designed randomized trial conducted in Europe and South America (79% Caucasian, (N=600) (1).

**Results:** At the end of IM treatment ( $\leq 3$  days), mean change in BPRS total score was -7.7 in the ziprasidone group compared with -

5.8 in the haloperidol ( $p=0.066$ ), and the magnitude of treatment difference (LS mean -1.9; 95%CI [-3.9, 0.1]) was similar to that observed in (1) (LS mean -2; 95%CI [-3.3, -0.8]). At endpoint, between-group differences in BPRS total score, CGI-S and COVI scores were not significant ( $p>0.74$ ). Ziprasidone was significantly superior to haloperidol in movement disorder related measures (ESRS and Barnes Akathisia Scales) and EPS adverse event rates (4.6% vs. 22%, respectively, in the IM phase; 20% vs. 61%, respectively, in the IM and oral phases).

**Conclusions:** These findings demonstrate consistent efficacy and tolerability advantages of ziprasidone over haloperidol in different ethnic groups, and support the use of bridging evidence from foreign studies for Asian patients with schizophrenia.

Reference:

1. Brook et al. (2005) *Psychopharmacology* 178:514-523.

## P0192

Factors that influence duration of hospital treatment of psychotic patients

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Since the hospital treatment has the influence on the reduction of quality of life of mentally ill patients, the intention of contemporary psychiatric management would be to provide appropriate psychiatric assistance and to reduce hospital treatment as much as possible. Current treatment of mentally ill in Serbia is conducted in conditions of insufficiently developed community psychiatric treatment. Therefore, the aim of this research was to investigate the causes which led to extended treatment of in hospital patients on 'Acute psychoses department of Special psychiatric clinic', which is one among the five biggest psychiatric hospitals in Serbia. Duration of in hospital treatment was analyzed in 298 female patients who were consecutively admitted to the department within one year period, with regard to clinical, demographic, social and economical factors. Obtained results show that among the type and severity of disease, the critical role of extension of in hospital treatment play, some demographic, social and economic factors as well. Results gained were discussed in detail during the research.

## P0193

Social skills and neurocognitive individualized training in patients with schizophrenia

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Several studies provided evidence that relationship of cognitive impairment with social functioning is stronger than that of psychopathology. In a group of 88 subjects with schizophrenia or schizoaffective disorders we found that verbal memory, executive function and sustained attention indices explained 19.9% of the global disability variance, while negative symptoms explained 4.4% of the variance.

Based on these data our group designed an individualized rehabilitation program including two one-hour sessions of computerized cognitive training and one two-hour session of social skills training per week (Social Skills And Neurocognitive Individualized Training, SSANIT).